| Case 16-10208 Doc 1 Fill in this information to identify your case: | | Entered 03/24/16 17:19:35 age 1 of 76 | Desc Main |
|---|---|--|------------------------------------|
| United States Bankruptcy Court for the: | | | |
| Northern District of: Illinois (State) | | | |
| Case number (if known) | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourse | lf | |
|--|-------------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name | _ Tarita First name | First name |
| Write the name that is on your government-issued picture identification (for example, your driver's | Middle name Owens | Middle name |
| license or passport | Last name | Last name |
| Bring your picture identification to your meetir with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. All other names you | I | |
| have used in the las | | First name |
| 8 years | M' dalla ca a ca | NO della manna |
| Include your married or | Middle name | Middle name |
| maiden names. | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 digit of your Social | s xxx - xx- 9758 | xxx - xx- |
| Security number or | OR | OR |
| federal Individual Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- |

Tarita Case 16-10208 Doc 1 Filed 03624616 Entered 03/24/16 /147/19:35 Desc Main Debtor 1 Page 2 of 76 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 7831 S Cregier Number Street Number Street Illinois 60649 Chicago Zip Code City State City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Page 3 of 76 Tell the Court About Your Bankruptcy Case Part 2: 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 file under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for □ No. bankruptcy within the last 8 years? Yes. District Northern District of Illinois When 3/12/2013 Case number 13-09727 MM / DD / YYYY District Northern District of Illinois When 11/11/2013 13-43835 Case number MM / DD / YYYY District When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes, Debtor Relationship to you spouse who is not When District Case number, if known filing this case with MM / DD / YYYY you, or by a Debtor Relationship to you business partner, or District When Case number, if known by an affiliate? 11. Do you rent your ✓ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ✓ No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

this bankruptcy petition.

Tarita Case 16-10208 Doc 1 Filed 03024616 Entered 03/24/16 (14.7):19:35 Desc Main Page 4 of 76 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? City Zip Code

State

Tarita Case 16-10208 Doc 1 Filed 03624616 Entered 03624616 (147619:35 Desc Main Debtor 1

Page 5 of 76

Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5:

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this about credit bankruptcy petition, and I received a certificate of bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this counseling before you bankruptcy petition, but I do not have a certificate of bankruptcy petition, but I do not have a certificate of file for bankruptcy. completion. completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment following choices. If plan, if any. plan, if any. you cannot do so, you are not eligible to I certify that I asked for credit counseling services from I certify that I asked for credit counseling services from file. an approved agency, but was unable to obtain those an approved agency, but was unable to obtain those services during the 7 days after I made my request, and services during the 7 days after I made my request, and If you file anyway, exigent circumstances merit a 30-day temporary waiver exigent circumstances merit a 30-day temporary waiver of the requirement. of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before you obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required filed for bankruptcy, and what exigent circumstances required your creditors can you to file this case. you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your payment plan you developed, if any. If you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is granted only for cause Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental Incapacity. Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried to internet, even after I reasonably tried to Active duty. Active duty. I am currently on active military duty in a I am currently on active military duty in a military combat zone. military combat zone. If you believe you are not required to receive a briefing about If you believe you are not required to receive a briefing about

credit counseling, you must file a motion for waiver of credit

counseling with the court.

credit counseling, you must file a motion for waiver of credit

counseling with the court.

Doc 1 Filed 03624616 Entered 03624616 (147619:35 Desc Main Page 6 of 76 Answer These Questions for Reporting Purposes 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. True ? additionalDetails.OtherTypesOfDebt : "" 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are Do you estimate that paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded ✓ No. and administrative ☐ Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **✓** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X /s/ Tarita Owens Signature of Debtor 1 Signature of Debtor 2 3/24/2016 Executed on Executed on MM / DD / YYYY MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

X

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| orrect. | that the into | ination i | ir the seriedates | Thea with the petition is |
|--|---------------|-----------|----------------------------|---------------------------|
| _/s/ Angie Harb Signature of Attorney for Debtor | | Date | 3/24/2016 MM / DD / YYY | Υ |
| Angie Harb Printed name | | | | |
| Semrad Law Firm | | | | |
| Firm name | | | | |
| Street | | | | |
| | | | | |
| City | State | | | Zip Code |
| Contact phone | | E | mail address | aharb@semradlaw.com |
| Bar number | | | State | |

<u> Case 16-10208 Doc 1 Filed 03/24/16 Fntered 03/2</u>4/16 17:19:35 Desc Main Fill in this information to identify your case: Debtor 1 **Tarita** Owens First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$5,800.00 1b. Copy line 62, Total personal property, from Schedule A/B \$5,800.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$12,431.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$124.660.05 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... \$137,091.05 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$1,872.00 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$2,105.00

Debtor 1 Tarita Case 16-10208 Doc 1 Filed 03624616 Entered 03624616 (1676)419:35 Desc Main

Page 9 of 76 **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$1,870.67 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

| | Case 16-10208 | Doc 1 | Filed 03/24/16 | <u>Entered 03/2</u> 4/16 17:: | 19:35 Des | c Main |
|-----------------------------------|--|--|---|--|---|---------------------------------|
| Fill in this | information to identify your case | | | | , , | |
| Debtor 1 | Tarita | | Ower | is - | | |
| DODIOI 1 | First Name | Middle | | Name | | |
| Debtor 2 | | | | | | |
| (Spouse, | if filing) First Name | Middle | Name Last N | | | |
| I Inited St | ates Bankruptcy Court for the: | Northern | District of II | llinois | | |
| Orinted Ot | ates bankruptey count for the. | Northern | | State) | | |
| Case nur | | | , | | | |
| (If known) | | | | | | _ |
| Officia | al Form 106A/B | | | | | Check if this is an |
| | | | | | | amended filing |
| Sche | dule A/B: Prope | rty | | | | 12 |
| ategory esponsik rrite your | where you think it fits best. Be ble for supplying correct inforr r name and case number (if kno | as complete an nation. If more s own). Answer ev | d accurate as possible. space is needed, attach ery question. | n asset fits in more than one categ If two married people are filing tog a separate sheet to this form. On the | jether, both are eq the top of any add | ually |
| | u own or have any legal or equ | | | | | |
| DO YO | No. Go to Part 2 | | | ,,, c. c proporty : | | |
| Ħ | Yes. Where is the property? | | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | What is the property | 2 Check all that apply Do r | not deduct secured c | laims or exemptions. Put |
| 1.1 | | | Single-family home | the a | amount of any secure | ed claims on Schedule D: |
| | Street address, if available, or o | other description | Duplex or multi-un | Cred | litors Who Have Cla | aims Secured by Property. |
| | | | _ Condominium or co | ooperative Curi | rent value of the | Current value of the |
| | | | Manufactured or m | obile home | re property? | portion you own? |
| | | | Land | | | - |
| | Number Street | | Investment property | y Des | cribe the nature of rest (such as fee si | your ownership |
| | | | Timeshare Other | the | entireties, or a life | estate), if known. |
| | City State | Zip Code | | | | |
| | | | Who has an interest | in the property? Check one. | Check if this is co | mmunity property |
| | | | Debtor 1 only | | (see instructions) | |
| | | | Debtor 2 only | | | |
| | | | Debtor 1 and Debt | or 2 only | | |
| | | | At least one of the | debtors and another | | |
| | | | Other information yo | ou wish to add about this item, suc | h as local | |
| lf vor | own or have more than one list b | oro: | property identification | ni number: | | |
| ıı you | own or have more than one, list he | DIG. | What is the property | ? Check all that apply Do r | not deduct secured c | claims or exemptions. Put |
| 1.2 | | | Single-family home | the a | amount of any secure | ed claims on <i>Schedule D:</i> |
| | Street address, if available, or o | other description | Duplex or multi-un | Cred | litors Who Have Cla | aims Secured by Property. |
| | | | _ Condominium or co | DODEIAUVE | rent value of the | Current value of the |
| | | | Manufactured or m | obile home | re property? | portion you own? |
| | | | Land | | | |
| | Number Street | | Investment property |) Des | cribe the nature of rest (such as fee si | your ownership |
| | <u> </u> | | Timeshare Other | | entireties, or a life | |
| | City State | Zip Code | | | | |
| | | | Who has an interest | in the property? Check one. | Check if this is co | mmunity property |
| | | | Debtor 1 only | | (see instructions) | |
| | | | Debtor 2 only | _ | | |
| | | | Debtor 1 and Debt | or 2 only | | |
| | | | | debtors and another | | |
| | | | | | | |

Other information you wish to add about this item, such as local property identification number:

| Debtor 1 Tarita Case 16-10208 | Doc 1 Filed 03/02/4/16 Entered 03/02/4/16/ | ดิสมานั้น 9: <u>35 Desc Main</u> |
|--|--|---|
| 1.3 Street address, if available, or other des | what is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? |
| City State Zip 0 | Investment property Timeshare Other | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. |
| | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, property identification number: | Check if this is community property (see instructions) |
| | u own for all of your entries from Part 1, including any entries for all of your entries for all of yo | |
| Do you own, lease, or have legal or equitab | e interest in any vehicles, whether they are registered or not? In a vehicle, also report it on Schedule G: Executory Contracts and Unexples, motorcycles | |
| 3.1 Make Chevy Model: Malit Year: 2007 Approximate mileage: 75000 Other information: | u one. ✓ Debtor 1 only | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? \$4100.00 Current value of the portion you own? \$4100.00 |
| 2007 chevy malibu | At least one of the debtors and another Check if this is community property (see instructions) | <u> </u> |
| 3.2 Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D:</i> Creditors Who Have Claims Secured by Property. Current value of the Current value of the |
| Other information: | Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | entire property? portion you own? |

| | Tarita Case 16-10208 Doc 1 First Name Middle Name | Filed 03/24/16 | 0 (i 1 km/0wd) 9. <u>35 </u> | <u>c Main</u> |
|-----|--|--|---|--|
| 22 | Make | Docume Page 12 of 76 Who has an interest in the property? Check | Do not doduct accured a | oima or everntions. Dut |
| 3.3 | Model: | one. | Do not deduct secured cl the amount of any secure | |
| | Year: | Debtor 1 only | • | nims Secured by Property. |
| | Approximate mileage: | Debtor 2 only | | , , , |
| | | = ′ | Current value of the | Current value of the |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | At least one of the debtors and another | | |
| | | Check if this is community property (see instructions) | | |
| 3.4 | Make | Who has an interest in the property? Check | Do not deduct secured cl | aims or exemptions. Put |
| | Model: | one. | the amount of any secure | ed claims on Schedule D: |
| | Year: | Debtor 1 only | Creditors Who Have Cla | ims Secured by Property. |
| | Approximate mileage: | Debtor 2 only | Current value of the | Current value of the |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | At least one of the debtors and another | | |
| | | Check if this is community property (see instructions) | | |
| | No | t, fishing vessels, snowmobiles, motorcycle accessories | | |
| ✓ | No Yes | | | aims or exemptions. Put |
| | No | Who has an interest in the property? Check one. | Do not deduct secured cl | |
| ✓ | No Yes Make | Who has an interest in the property? Check | Do not deduct secured cl | |
| ✓ | No Yes Make Model: | Who has an interest in the property? Check one. | Do not deduct secured cl the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. |
| ✓ | No Yes Make Model: Year: | Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured cl | ed claims on <i>Schedule D:</i> |
| ✓ | No Yes Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. Current value of the |
| ✓ | No Yes Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. Current value of the |
| ✓ | No Yes Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. Current value of the |
| 4.1 | No Yes Make Model: Year: Approximate mileage: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check | Do not deduct secured of the amount of any secure Creditors Who Have Clat Current value of the entire property? | d claims on Schedule D: hims Secured by Property. Current value of the portion you own? aims or exemptions. Put |
| 4.1 | No Yes Make Model: Year: Approximate mileage: Other information: Make Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | d claims on Schedule D: nims Secured by Property. Current value of the portion you own? daims or exemptions. Put dd claims on Schedule D: |
| 4.1 | No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | d claims on Schedule D: hims Secured by Property. Current value of the portion you own? aims or exemptions. Put |
| 4.1 | No Yes Make Model: Year: Approximate mileage: Other information: Make Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | d claims on Schedule D: nims Secured by Property. Current value of the portion you own? daims or exemptions. Put dd claims on Schedule D: |
| 4.1 | No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Class | d claims on Schedule D: hims Secured by Property. Current value of the portion you own? daims or exemptions. Put ded claims on Schedule D: hims Secured by Property. |
| 4.1 | Make Model: Year: Approximate mileage: Make Model: Year: Approximate mileage: Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the | d claims on Schedule D: hims Secured by Property. Current value of the portion you own? daims or exemptions. Put ded claims on Schedule D: hims Secured by Property. Current value of the |
| 4.1 | Make Model: Year: Approximate mileage: Make Model: Year: Approximate mileage: Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the | d claims on Schedule D: hims Secured by Property. Current value of the portion you own? daims or exemptions. Put ded claims on Schedule D: hims Secured by Property. Current value of the |

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Describe Your Personal and Household Items

| D | o you own or ha | ive any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|-------------------------|---|---|---|
| | 6. Household goods | and furnishings | |
| | _ | liances, furniture, linens, china, kitchenware | |
| г | No | | |
| | Yes. Describe | misc. furniture | * |
| ľ | Teo. Decombe | inioc. iuniture | \$400.00 |
| | collections | s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music s; electronic devices including cell phones, cameras, media players, games | |
| | No | | |
| L | Yes. Describe | | |
| ₹ ✓ | | ue and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; in, or baseball card collections; other collections, memorabilia, collectibles | |
| F | Yes. Describe | | |
| г | | | |
| 9 | | orts and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; carpentry tools; musical instruments | |
| $\overline{\mathbf{V}}$ | No | | |
| Г | Yes. Describe | | |
| _ | No | es, shotguns, ammunition, and related equipment | |
| L | Yes. Describe | | |
| | 11. Clothes Examples: Everyday o | clothes, furs, leather coats, designer wear, shoes, accessories | |
| $\overline{\mathbf{V}}$ | Yes. Describe | misc. clothing | \$400.00 |
| | gold, silve | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, r | |
| \leq | | | |
| | Yes. Describe | | |
| • | I3. Non-farm animals Examples: Dogs, cats | | |
| F | Yes. Describe | | |
| | • | al and household items you did not already list, including any health aids you did not list | |
| ř | | | |
| L | Yes. Describe | | |
| | | lue of all of your entries from Part 3, including any entries for pages you have attached number here | \$800.00 |

Debtor 1 Tarita Case 16-10208 Doc 1 Filed 03624616 Entered 03624616 @AFVID 06 01 Document Plane Page 14 of 76

Describe Your Financial Assets

| Do | you own or have a | ny legal or equitable inte | rest in any of the followin | g? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|-----|---|---|--|------------------------------|--|
| | ✓ No | in your wallet, in your home, in a s | afe deposit box, and on hand when y | ou file your petition Cash: | |
| 17. | | | certificates of deposit; shares in credunts with the same institution, list each | | |
| | ✓ Yes | | Institution name: | | |
| | | 17.1. Checking account: | bank of america | | \$900.00 |
| | | 17.2. Checking account: | | | |
| | | 17.3. Savings account: | | | · · |
| | | 17.4. Savings account: | | | |
| | | 17.5. Certificates of deposit: | | | |
| | | 17.6. Other financial account: | | | |
| | | 17.7. Other financial account: | | | |
| | | 17.8. Other financial account: | | | |
| | | 17.9. Other financial account: | | | |
| 18. | | or publicly traded stocks vestment accounts with brokerage | firms, money market accounts | | |
| | ✓ No ☐ Yes | Institution or issuer name: | | | |
| | | | | | |
| 19. | an LLC, partnership, a | | ed and unincorporated business | es, including an interest in | |
| | ✓ No Yes. Give specific information about them | Name of entity | | % of ownership: | |
| | | | | | |

| Deb | tor 1 Tarita Case 1 | <u>6-10208 </u> | Doc 1 | Filed 03¢24√16 | | 13d2r4dn1166 (i11k76w119: <u>35</u> | Desc Main |
|-----|---|---|------------------|---|-----------------------|-------------------------------------|----------------|
| | First Name | | Middle Name | Documet Nitme | Page 15 of | | |
| 20. | Negotiable instruments i | include persona | al checks, cash | gotiable and non-negot niers' checks, promissory r nsfer to someone by signir | iable instrument | s orders. | |
| | Yes. Give specific information about them | Issuer name: | : | | | | |
| | | | | | | | - - |
| 21. | | | ogh, 401(k), 40 | 03(b), thrift savings accou | nts, or other pension | on or profit-sharing plans | |
| | Yes. List each | Type of accor | | Institution name: | | | |
| | account separately. | 401(k) or sim | ıılar plan: | | | | |
| | | Pension plan | 1: | - | | | |
| | | IRA: | | | | | |
| | | Retirement a | ccount: | | | | _ |
| | | Keogh: | | | | | |
| | | Additional ac | count: | | | | |
| | | Additional ac | count: | | | | |
| 22. | Your share of all unused | deposits you ha | | at you may continue servic oublic utilities (electric, gas | | | |
| | Yes | | | Institution name: | | | |
| | _ | Electric: | | | | | |
| | | Gas: | | | | | |
| | | Heating oil: | | _ | | | |
| | | Security depo | osit on rental u | ınit: | | | |
| | | Prepaid rent: | : | | | | |
| | | Telephone: | | | | | |
| | | Water: | | | | | |
| | | Rented furnit | ture: | | | | _ |
| | | Other: | | | | | _ |
| 23. | Annuities (A contract for | or a periodic pay | ment of mone | y to you, either for life or fo | r a number of year | s) | _ |
| | ✓ No ☐ Yes | Issuer name | and descriptio | n: | | | |
| | | | | | | | |
| | | | | | | | |

| Debt | or 1 | Tarita First Na | <u>Ca</u> | se 1 | L6- | 102 | 80 | Do Middle | oc 1 Name | . F | | | <u>⁄⁄24/€16</u> hæthlt ^{me} | | | | | 03/6 of 76 | | 16 | (i fl kn 7 0w | 149: <u>3</u> | 85 | De | esc | : Ma | <u>ain</u> | | | |
|------|----------|----------------------------------|-----------|------------------|-----------------|------------------------------|----------------|--------------|--------------|---------|-----------|---------|---|------|---------|---------|--------|---------------|-------------------|-----------|-----------------------------|---------------|--------|---------------|--------------|---------------|-------------------------------|--------------|----------------|---|
| 24. | | rests J.S.C. | | | | | | | | in a q | ualifie | d AB | LE prog | ram | n, or | unde | er a q | ıualifi | ed st | ate | tuitio | n pro | gram. | | | | | | | |
| | | No Yes | - - | nstitut | ion r | name a | and de | escript | ion. S | Separa | itely fil | e the i | records o | f an | y inte | erests | .11 U | J.S.C. | § 52 ⁻ | 1(c): | | | | | | | | | | |
| 25. | exe | sts, ec rcisab No | | | | | erests | s in p | roper | rty (ot | her th | nan aı | nything I | iste | ed in | line ' | 1), aı | nd rig | hts c | or po | owers | 3 | | _ | | | | | | |
| | | Yes. D | Descri | be | | | | | | | | | | | | | | | | | | | | | _ | | | | | |
| 26. | Exa. | | Intern | et do | | | | | | | | | llectual pes and lice | | | | nents | | | | | | | | _ | | | | | |
| 27. | Exa | enses, mples: No Yes. D | Build | ing pe | | | | | | | | issoci | ation hold | ding | js, liq | uor lid | cense | es, pro | ofess | iona | l licer | ses | | | _ | | | | | |
| Mor | iey (| or pro | oper | ty o | wed | d to y | ou? | | | | | | | | | | | | | | | | | p D | ort Oo no | ion ot dec | you you duct s exemp | owi ecure | n? d | • |
| 28. | _ | refund | s ow | ed to | you | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Yes. Gi a yı | bout tou | hem, i eady f | inclu iled i | rmatior ding w the ret | hethei urns | r | | | | | | | | | | | | 5 | Feder State: Local: | al: | | | _ | | | | | |
| 29. | | ily sup | | ue or | lumr | o sum a | alimon | IV. SDO | usal s | oddus | rt. chil | d supr | oort, main | iten | ance. | . divo | rce s | ettlem | ent. c | | | ettleme | ent | | | | | | | |
| | <u> </u> | No Yes. Gi | | | | | | .,, 500 | | | | - Cup | | | | | | | | A | Alimor | ny: | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | Mainte Suppo | enance |): | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | e settle | ement: | • | _ | | | | | |
| 20 | Otho | r ama | unto | aama | ono | | V011 | | | | | | | | | | | | | F | Prope | rty sett | lement | t: | | | | | | |
| | | | Jnpai | d wag | es, c | disabili | ty insu | | | | | - | enefits, sione else | ck p | ay, va | acatio | n pay | , work | ers' c | comp | oensa | tion, | | | | | | | | |
| | | No | | | | | | | | | | | | | | | | | | | | | | _ | | | | | | |
| | Ц) | Yes. D | escrib | e | | | | | | | | | | | | | | | | | | | | | _ | | | | | |

| Deb | tor 1 | Tarita Case 16 First Name | 6-10208 | Doc 1 Middle Name | Filed 03/24/16 Document | Entered 03/24/0 | 166/1147/119: <u>35</u> D | esc Main |
|------|----------|---|-------------------|----------------------|---|----------------------------------|-----------------------------|--|
| 31. | | rests in insurance mples: Health, disabi | | ance; health | | edit, homeowner's, or rente | 's insurance | |
| | | No Yes. Name the insur of each policy and lis | | | Company name: | | Beneficiary: | Surrender or refund value: |
| 32. | If you | | of a living trust | | meone who has died ceeds from a life insurance | policy, or are currently entitle | d to receive | |
| 33. | | | | | u have filed a lawsuit or m nce claims, or rights to sue | ade a demand for payme | nt | |
| | | No Yes. Describe | | | | | | |
| 34. | to se | er contingent and et off claims No | unliquidated (| claims of ev | very nature, including co | unterclaims of the debtor | and rights | |
| 35. | | Yes. Describe financial assets yo | u did not alrea | ady list | | | | |
| | ✓ | No Yes. Describe | | • | | | | |
| 36. | | | - | | | es for pages you have att | | \$900.00 |
| Part | 5: | Describe Any E | susiness-Re | elated Pro | pperty You Own or H | ave an Interest In. Lis | st any real estate ir | ı Part 1. |
| 37. | Do y | ou own or have ar | y legal or equ | itable intere | est in any business-relate | d property? | | |
| | | No. Go to Part 6. Yes. Go to line 38. | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | ✓ | ounts receivable or | commissions | s you alread | ly earned | | | |
| 39. | Offic | Yes. Describe ce equipment, furn | | | | | | |
| | ✓ | nples: Business-rela No Yes. Describe | ted computers | , software, m | nodems, printers, copiers, fa | x machines, rugs, telephone | s, desks, chairs, electroni | c devices |
| | Ц | 103. DESCRIDE | | | | | | |

| Deb | tor 1 Tarita Case 10 | <u>6-10208 D0C 1</u> | Filed 030M44FTP | <u>Entered</u> (公司公司) | a 60 (i 11 km/owild 9: <u>35 </u> | <u>esc Main</u> | |
|-------|---|-------------------------------------|---|----------------------------|--|--|---|
| 40. | First Name Machinery, fixtures, eq | Middle Name uipment, supplies you u | Documethed l se in business, and tools o | Page 18 of 76 fyour trade | | | |
| | ✓ No | | | | | | |
| | Yes. Describe | | | | |] | |
| 41. | Inventory | | | | | | |
| | ✓ No | | | | | | |
| | Yes. Describe | | | | | | |
| 42. | Interests in partnershi | ps or joint ventures | | | | | |
| | ✓ No | | Name of optity | | % of ownership: | | |
| | Yes. Give specific information about them | | Name of entity: | | % of ownership. | _ | _ |
| | | | | | | | _ |
| 43. (| Customer lists, mailing | lists, or other compilation | ons | | | | _ |
| | ✓ No | | | | | | |
| | Yes. Do your lists inc | clude personally identifiable | e information (as defined in 11 | U.S.C. § 101(41A))? | | | |
| | ☐ No | | | | | | |
| | Yes. Descr | ibe | | | | | _ |
| 44. | Any business-related p | property you did not alrea | dy list | | | | |
| | ✓ No | | | | | | |
| | Yes. Give specific | | | | | | _ |
| | information | | | | | | _ |
| | | | | | | | _ |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | | _ |
| | dd the dollar value of al | T | rt 5, including any entries f | or pages you have attach | ned | | |
| Pari | Deceribe Any F | | ial Fishing-Related Pro | operty You Own or H | lave an Interest In | <u> </u> | |
| | If you own or have an | n interest in farmland, list it in | n Part 1. | | | | |
| 46. | Do you own or have a | ny legal or equitable inte | rest in any farm- or comme | rcial fishing-related prop | erty? | | |
| | No. Go to Part 7. Yes. Go to line 47. | | | | | Current value of th portion you own? Do not deduct secure claims or exemptions | |
| 47. | Farm animals Examples: Livestock, pou | ultry, farm-raised fish | | | | | |
| | ✓ No | | | | | | |
| | Yes. Describe | | | | | | |

| Deb | tor 1 <u>Tari</u> First | ita Case 16-1020 | 8 Doc 1 | | Entered 03/24/16 /147:19:35 Page 19 of 76 | Desc I | Main |
|--------------|----------------------------|--|--------------------------|----------------------------|--|--------|-------------|
| 48. | Crops-e | either growing or harves | ted | Document | Fage 19 01 70 | | |
| | ✓ No | | | | | | |
| | Yes. | . Describe | | | | | |
| 49. | Farm an | nd fishing equipment, im | nlements machi | inery fixtures, and tools | of trade | | |
| 70. | ✓ No | ia noming equipment, im | picinicino, maon | mory, fixtures, and tools | of trade | | |
| | | . Describe | | | | | |
| | _ | | | | | | |
| 50. | _ | nd fishing supplies, chen | nicals, and feed | | | | |
| | ✓ No Yes | . Describe | | | | | |
| | | . 20001180 | | | | | |
| 51. | | m- and commercial fishir es: Livestock, poultry, farm-r | | ty you did not already lis | st | | |
| | ✓ No | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| | | . Describe | | | | | |
| | | | | | | | |
| | | | | | for pages you have attached | _ | |
| TOT P | art 6. wrn | te that number nere | | | > | | |
| | | | | | | | |
| Part | 7: Des | scribe All Property Y | ou Own or Ha | ave an Interest in Th | nat You Did Not List Above | | |
| 53. | | have other property of an s: Season tickets, country of | | ot already list? | | | |
| | ✓ No | s. Season lickets, country c | ido membersnip | | | | |
| | | Give specific | | | | | |
| | | mation | | | | | |
| | | | | | | | |
| | | | antoire from Bent | 7 Marie di | | | |
| 54. A | aa tne ac | oliar value of all of your e | entries from Part | 7. Write that number hei | re | .▶ | |
| | | | | | | | |
| Part | 8: List | t the Totals of Each | Part of this F | orm | | | |
| 55 I | | | | | | | |
| | | · | | | ····· | | |
| 56. r | art 2 tota | al vehicles, line 5 | | \$4100.00 | <u>) </u> | | |
| 57. P | art 3: Tot | al personal and househ | old items, line 15 | \$800.00 | | | |
| 58. P | art 4: Tot | al financial assets, line 3 | 6 | \$900.00 | | | |
| 59. F | Part 5: To | tal business-related pro | perty, line 45 | | | | |
| 60. F | Part 6: To | tal farm- and fishing-rel | ated property, lin | e 52 | | | |
| 61. F | Part 7: To | tal other property not lis | sted, line 54 | | | | |
| 62. 1 | otal pers | sonal property. Add lines | 56 through 61 | \$5800.00 | | | + \$5800.00 |
| | | | | <u> </u> | Copy personal property to | otal ► | . 400000 |
| | | | | | | | \$5800.00 |
| 63. T | otal of all | property on Schedule A | VB. Add line 55 + | line 62 | | | |

| Filli | in this inform | Case 16-10208 ation to identify your case: | Doc 1 Filed 03/ | 24/16 Entered 03/2 | 4/16 17:19:35 | Desc Main |
|--|---|---|--|---|--|---|
| | otor 1 | Tarita First Name | Middle Name | Owens Last Name | | |
| | otor 2 ouse, if filing | First Name | Middle Name | Last Name | | |
| Unit | ted States Ba | ankruptcy Court for the: | Northern D | District of Illinois | | |
| | se number nown) | | | (State) | | |
| Of | ficial F | orm 106C | | | 1 | Check if this is a amended filing |
| Sc | hedul | e C: The Prop | erty You Claim | as Exempt | | 12/1 |
| For is to exer rece exer prop | each item o state a s mpted up eive certa mption of perty is d t1: Ident Which set | n of property you class pecific dollar amount to the amount of an in benefits, and tax-(100% of fair market etermined to exceed ify the Property You of exemptions are you class e claiming state and federal eclaiming federal exemption | t as exempt. Alternative y applicable statutory exempt retirement functivalue under a law that that amount, your executions as Exempt aiming? Check one only, even nonbankruptcy exemptions. 11 u.s.c. § 522(b)(2) | st specify the amount of rely, you may claim the fullimit. Some exemptionsds—may be unlimited in a limits the exemption to emption would be limited in if your spouse is filing with you. | ull fair market value —such as those fo dollar amount. How a particular dollar to the applicable s | r health aids, rights to wever, if you claim an amount and the value of the |
| | | ription of the property an ale A/B that lists this prop | | Amount of the exemption yo Check only one box for each ex | | cific laws that allow exemption |
| | | | Copy the value from Schedule A/B | | | |
| | Brief description | : misc. clothing | \$400.00 | ▽ | | 735 ILCS 5/12-1001(a) |
| | Line from Schedule A | | | \$400.00 100% of fair market value, u applicable statutory limit | ip to any | |
| | Brief description | : misc. furniture | \$400.00 | ▽ | | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A | | | \$400.00 100% of fair market value, u applicable statutory limit | | |
| 3. | (Subject to | adjustment on 4/01/16 and e | , , | 5? ss filed on or after the date of adjust 1,215 days before you filed this c | , | |

No Yes

Filed 03624616 Entered 03/24/16 ଜନ୍ମ :35 Desc Main Docume Page 21 of 76 Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|-----------------|---|---|------------------------------------|
| Brief description: | bank of america | \$900.00 | \$900.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B | :17 | | 100% of fair market value, up to any applicable statutory limit | - |

| | | Case 16-10208 | Dog 1 Filed | 03/24/16 Entered 03/2 | 4/16 17·10·25 | Dose Main | |
|------------|---|--|---|--|--|--|------------------------------------|
| Filli | in this informa | ation to identify your case: | DOG FIRE | 0.5774710 FIIIEIEU (1.572) | 4/10 17.19.33 | Desc Main | |
| Deb | otor 1 | Tarita First Name | Middle Name | Owens Last Name | | | |
| | otor 2 ouse, if filing) | First Name | Middle Name | Last Name | | | |
| Unit | ted States Ba | nkruptcy Court for the: No | orthern | District of Illinois (State) | | | |
| | se number nown) | | | | | | |
| Of | ficial F | orm 106D | | | | | neck if this is a nended filing |
| Sc | hedu | le D: Creditor | 's Who Hav | ve Claims Secure | d by Prope | rty | 12/1 |
| forn 1. | Do any cre No. Ch | top of any additional ditors have claims secured | pages, write your by your property? orm to the court with you | the Additional Page, fill it out name and case number (if k | nown). | es, and attach it t | o this |
| 2. | List all secu | ured claims. If a creditor has | ticular claim, list the oth | claim, list the creditor separately for eace er creditors in Part 2. As much as ditor's name. | Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 | Debtor Debtor Debtor At least another Check commu | Street Illinois 60639 State ZIP Code the debt? Check one. 1 only | Chevy , Malibu Value As of the date you fil Contingent Unliquidated Disputed Nature of lien. Check An agreement you car loan) | te, the claim is: Check all that apply. It all that apply. It made (such as mortgage or secured that as tax lien, mechanic's lien) It is a lawsuit It right to offset) | \$12,431.00 | \$4,100.00 | \$8,331.00 |
| | | Add the dollar value of you nere: | | on this page. Write that number | \$12,431.00 | | |

| | Case 16-10208 | | d 03/24/16 F | ntered 03 | <u>/2</u> 4/16 17:19:35 | Desc | Main | |
|---|---|--|---|--|---|---|--|---|
| Fill in this information | ation to identify your case: Tarita | | Owens | .90 _0 | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name Middle Name | | | | | | |
| | ankruptcy Court for the: | Northern | District of Illinoi (State | | | | | |
| Case number (If known) | 100F/F | | | | | Chec | rk if this is ar | n amended filing |
| | orm 106E/F le E/F: Cred | ditors Who | Have Un | secure | d Claims | Попес | ok ii ti iio io ti | 12/15 |
| party to any executed and on the listed in School the boxes on the | and accurate as possible cutory contracts or unex Schedule G: Executory edule D: Creditors Who e left. Attach the Continual All of Your PRIORITY | pired leases that coul Contracts and Unexpi Hold Claims Secured lation Page to this pa | ld result in a claim. Als ired Leases (Official F If by Property. If more ge. On the top of any | so list executory orm 106G). Do space is neede | <i>,</i> contracts on <i>Schedu</i> not include any credito d, copy the Part you no | le A/B: Prop rs with parti eed, fill it out | erty (Officia ally secured , number th | al Form d claims that ne entries in |
| No. Go Yes. List all of y identify wha possible, lis Part 1. If mo | editors have priority unso to to Part 2. Your priority unsecured of at type of claim it is. If a clais to the claims in alphabetica ore than one creditor holds olanation of each type of cla | claims. If a creditor has m has both priority and I order according to the s a particular claim, list t | more than one priority nonpriority amounts, list creditor's name. If you the other creditors in Pa | that claim here a have more than t art 3. | and show both priority and | d nonpriority a | mounts. As | much as |
| | | | | | | Total claim | Priority amount | Nonpriority amount |
| P.O. Box 734 Number Philadelphia City | ditor's Name 46 Street Pennsylvania State red the debt? Check one | 19101 Zip Code | Last 4 digits of according with the date you fill Contingent Unliquidated Disputed Type of PRIORITY under Domestic support | incurred? e, the claim is: | | \$0.00 | \$0.00 | \$0.00 |

Filed 03624616 Entered 03624616 Avail 9:35 Desc Main Doc 1 Debtor 1 Documernt Page 24 of 76 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 Advocate Trinity Hospital \$0.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 3039 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Hinsdale Illinois 60522 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes 4.2 Blatt, Hassenmiller, Leibsker & Moore, LLC \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 489 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Normal Illinois 61761 Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only ✓ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.3 Capital One \$898.00 Last 4 digits of account number 4277 Nonpriority Creditor's Name Po Box 30281 When was the debt incurred? 11/1/2010 Number Street As of the date you file, the claim is: Check all that apply. Contingent Salt Lake City Utah 84130 Unliquidated Citv State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims

✓ No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

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First Name Middle Name

| Part 2: You | r NONPRIORITY | Unsecured | Claims - | Continuation | Page |
|-------------|---------------|-----------|----------|--------------|-------------|
|-------------|---------------|-----------|----------|--------------|-------------|

| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim |
|-----|---|---|-------------|
| 4.4 | CAPITAL ONE BANK USA N Nonpriority Creditor's Name | Last 4 digits of account number | \$898.00 |
| | PO BOX 85520 | When was the debt incurred? 11/1/2010 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | RICHMOND Virginia 23285 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | H | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt Is the claim subject to offset? | Other. Specify | |
| | No | • Other opening | |
| | Yes | | |
| 4.5 | | | Φο οο |
| 4.5 | Car Credit Stop Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | 1235 Burnham Ave. Number Street | When was the debt incurred?n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Columnat City Illinois CO400 | Contingent | |
| | Calumet City Illinois 60409 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the debtors and another | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.6 | CBE GROUP Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | 131 TOWE PARK DR SUITE 1 | When was the debt incurred? n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | WATERLOO lowa 50702 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | <u> </u> | |
| | Yes | | |

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First Name Middle Name

| Part 2: Y | our NONPRIORITY | Unsecured | Claims - | Continuation | Page |
|-----------|-----------------|-----------|----------|--------------|------|
|-----------|-----------------|-----------|----------|--------------|------|

| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim |
|-----|---|--|-------------|
| 4.7 | City of Chicago Parking | — Last 4 digits of account number | \$6,000.00 |
| | Nonpriority Creditor's Name 121 N. LaSalle St # 107A | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Chicago Illinois 60602 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | _ | |
| | Yes | | |
| 4.8 | City of Markham | — Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name 16313 S. Kedzie Parkway | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Markham Illinois 60428 | Contingent | |
| | City State Zip Code Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.9 | Comcast Nonpriority Creditor's Name | Last 4 digits of account number | \$100.00 |
| | 11621 E. Marginal Way # 5 | When was the debt incurred? n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Seattle Washington 98168 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | <u>"</u> | |
| | Debtor 1 and Debtor 2 only | Student loans Obligations origins out of a constraint agreement as discrease that | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | | |
| | Yes | | |

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Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.10 ComEd \$500.00 Last 4 digits of account number Nonpriority Creditor's Name 3 Lincoln Center When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Illinois 60181 Oakbrook Terrace Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only $\overline{\mathbf{A}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.11 CREDIT PROTECTION ASSO \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 1355 NOÉL RD SUITE 2100 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent **DALLAS** 75240 Texas Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? \square Other, Specify **✓** No Yes 4.12 Dependon Collection \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 4983 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Hinsdale Illinois 60522 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|~**| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify

✓ No Yes Debtor 1 Tarita Case 16-10208 Doc 1 Filed 03624416 Entered 03424416 (ib. 7644)9:35 Desc Main

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| | After listing any entries on this page, number them beginning | g with 4.5, followed by 4.6, and so forth. | Total claim |
|------|---|---|-------------------|
| 4.13 | DEPT OF ED/NAVIENT | Lord A Particular and account muscles and 4044 | \$17,343.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number 1014 | <u> </u> |
| | PO Box 9635 Number Street | When was the debt incurred? 10/1/2008 | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Million Bosson Bosson Louis 40770 | Contingent | |
| | Wilkes Barre Pennsylvania 18773 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | <u>~</u> | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.14 | DEPT OF ED/NAVIENT | Lost 4 digits of account murch are 2010 | \$13,947.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number 0310 | <u>Ψ.0,5 π.00</u> |
| | PO Box 9635 Number Street | When was the debt incurred? 3/1/2009 | |
| | Trained Offor | As of the date you file, the claim is: Check all that apply. | |
| | ANTIL D. D. L. L. LOTTO | Contingent | |
| | Wilkes Barre Pennsylvania 18773 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | <u>~</u> | |
| | Debtor 1 and Debtor 2 only | Student loans Obligations spirits and a separation agreement as diverse that | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.15 | direct tv | Look 4 digits of account grouph ::: | \$1,000.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number | Ψ1,000.00 |
| | P.O.Box 9001069 Number Street | When was the debt incurred?n/a | |
| | Harrison Officet | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Louisville Kentucky 40290 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | <u>~</u> | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |

✓ No Yes

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Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.16 Erie Insurance \$300.00 Last 4 digits of account number Nonpriority Creditor's Name 100 Erie Insurance Place When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Erie Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only $\overline{\mathbf{A}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No ☐ Yes \$4,395.00 4.17 Founder's Insurance Last 4 digits of account number Nonpriority Creditor's Name 1111 E Touhy Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Des Plaines 60018 Illinois Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? \square Other, Specify **✓** No Yes 4.18 Founders Insurance Co \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 5100 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Des Plaines Illinois 60017 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** | Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No

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Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.19 IC Systems \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 64437 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 55164 Saint Paul Minnesota Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only $\overline{\mathbf{A}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.20 Illinois Title Loans \$0.00 Last 4 digits of account number Nonpriority Creditor's Name c/o: Legal Department When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 30350 Atlanta Georgia Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? \square Other, Specify **✓** No Yes 4.21 LaSalle Bank \$400.00 Last 4 digits of account number Nonpriority Creditor's Name 1701 River Oaks Dr When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Calumet City Illinois 60409 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** | Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt

✓ No Yes

Is the claim subject to offset?

Other. Specify

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Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.22 MAC Property MGMT \$4,500.00 Last 4 digits of account number Nonpriority Creditor's Name c/o: Cary G Schiff and Associates 134 N Lasalle #1720 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Illinois 60602 Chicago Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.23 Mac Realty \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 4730 1/2 South Woodlawn Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 60615 Chicago Illinois Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? \square Other, Specify **✓** No Yes 4.24 MOHELA \$12,822.00 Last 4 digits of account number Nonpriority Creditor's Name 633 SPIRÍT DR When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent CHESTERFIELD Montana 63005 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** | Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify

✓ No Yes

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First Name Middle Name

| Part : | Your NONPRIORITY Unsecured Claims - Continua | ation Page | |
|--------|--|---|-------------|
| | After listing any entries on this page, number them beginning wi | th 4.5, followed by 4.6, and so forth. | Total claim |
| 4.25 | MOHELA | - Loot A divito of appoint number 0004 | \$9,262.00 |
| | Nonpriority Creditor's Name | - Last 4 digits of account number 0004 | |
| | 633 SPIRIT DR Number Street | When was the debt incurred? 12/1/2007 | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | OUEOTEREIE R. M. J. COOCE | Contingent | |
| | CHESTERFIELD Montana 63005 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | _ | |
| | Yes | | |
| 4.26 | MOHELA | - Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name 633 SPIRIT DR | | <u> </u> |
| | Number Street | When was the debt incurred?n/a | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | CHECTEREIS Mantage COOF | Contingent | |
| | CHESTERFIELD Montana 63005 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.27 | Navient | - Last 4 digits of account number | \$27,416.56 |
| | Nonpriority Creditor's Name 1002 ARTHUR DR | | |
| | Number Street | When was the debt incurred?n/a | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | LYNN HAVEN Florida 32444 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | <u> </u> | |

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Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.28 Paragon Subrogation Services, Inc. \$0.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 280519 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent California **Northridge** Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only $\overline{\mathbf{A}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.29 Peoples Gas \$800.00 Last 4 digits of account number Nonpriority Creditor's Name 200 E. Randolph When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 60601 Chicago Illinois Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? \square Other, Specify **V** No Yes 4.30 Rendered Service Inc \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 2019 W Rascher Ave When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60625 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** | Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No

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| Part. | After listing any entries on this page, number them beginning v | | Total claim | | | |
|-------|---|---|-------------|--|--|--|
| 1 21 | | | | | | |
| 4.31 | Nonpriority Creditor's Name | Last 4 digits of account number | \$19,178.49 | | | |
| | PO BOX 9500 Number Street | When was the debt incurred?n/a | | | | |
| | 5.555 | As of the date you file, the claim is: Check all that apply. | | | | |
| | WILKES BARRE Pennsylvania 18773 | Contingent | | | | |
| | City State Zip Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | | | | |
| | <u> </u> | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Student loans | | | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Is the claim subject to offset? | Other. Specify | | | | |
| | ✓ No | _ | | | | |
| | Yes | | | | | |
| 4.32 | State Farm Insurance | Last 4 digits of account number | \$1,000.00 | | | |
| | Nonpriority Creditor's Name 1 State Farm Plaza | When was the debt incurred? | | | | |
| | Number Street | <u> </u> | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | |
| | Bloomington Illinois 61710 | Contingent | | | | |
| | City State Zip Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Is the claim subject to offset? | Other. Specify | | | | |
| | ✓ No | | | | | |
| | Yes | | | | | |
| 4.33 | TCF Bank | Last 4 digits of account number | \$200.00 | | | |
| | Nonpriority Creditor's Name 919 Estes Court | When was the debt incurred? | | | | |
| | Number Street | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | |
| | Schaumburg Illinois 60193 | Contingent | | | | |
| | City State Zip Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | orce that | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Is the claim subject to offset? | Other. Specify | | | | |
| | No | | | | | |

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Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.34 TMobile \$700.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 742596 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Ohio Cincinnati Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only $\overline{\mathbf{A}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.35 TMobile \$0.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 742596 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Cincinnati 45274 Ohio Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? \square Other, Specify **✓** No Yes 4.36 TOYOTA MOTOR CREDIT \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 1111 W 22ND ST STE 420 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent OAK BROOK Illinois 60523 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** | Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No

Debtor 1 Tarita Case 16-10208 Doc 1 Filed 03624616 Entered 03624616 @A76419:35 Desc Main
First Name Middle Name Docume Ham Page 36 of 76

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | | | Total claim |
|--|---|--|---|-------------|
| US Cellular Nonpriority Creditor's Name Dept 0205 Number Street | | | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. | \$1,000.00 |
| | otor 2 only debtors and another im relates to a com | | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

Debtor 1 Tarita Case 16-10208 Doc 1 Filed 03624616 Entered 03624616 (1676)19:35 Desc Main Pirts Name Documentum Page 37 of 76

| | nounts of certain types of unsecured claims. This information is fo ounts for each type of unsecured claim. | r sta | itistical reporting purposes on | | |
|--------------------------|--|-------|---------------------------------|--|--|
| | | | Total claims | | |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 | | |
| nom rait i | 6b. Taxes and certain other debts you owe the | 6b. | \$0.00 | | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 | | |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 | | |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$0.00 | | |
| | | | Total claims | | |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$0.00 | | |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 | | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 | | |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$124,660.05 | | |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$124,660.05 | | |

| Fill in th | Case 16-1020 nis information to identify your case | | 03/24/16 Ent | ered 0.3/24/16 17:19:35 | 5 Desc Main |
|--------------------|---|--|--|--|--|
| Debtor | 1 Tarita | | Owens | | |
| | First Name | Middle Name | Last Name | | |
| Debtor (Spous | 2 e, if filing) First Name | Middle Name | Last Name | | |
| United | States Bankruptcy Court for the: | Northern | District of Illinois (State) | | |
| Case n (If know | | | · , | | _ |
| Offic | cial Form 106G | | | | Check if this is an amended filing |
| Sch | edule G: Execut | ory Contracts | and Unexp | oired Leases | 12/1 |
| space is | | | | h are equally responsible for supposition this page. On the top of any add | olying correct information. If more ditional pages, write your name and |
| 1. Do | you have any executory | contracts or unexpire | d leases? | | |
| | No. Check this box and file this for | m with the court with your oth | ner schedules. You have | e nothing else to report on this form. | |
| V | Yes. Fill in all of the information be | elow even if the contracts or le | eases are listed on Sch | edule A/B: Property (Official Form 10 | 6A/B). |
| 2. List | separately each person or con icle lease, cell phone). See the i | npany with whom you have nstructions for this form in the | the contract or lease instruction booklet for n | . Then state what each contract or nore examples of executory contracts | lease is for (for example, rent, and unexpired leases. |
| | Person or company with whor | n you have the contract or | lease | State what the contr | act or lease is for |
| _ | Frontier Realty Name | | | Other, Other, 1 year residential lease | |
| 1 | Number Street | | | | |

Zip Code

State

City

| | | Case 16-10208 | | Filed 03 | 3/24/16 | Entered 0 | <u>3/2</u> 4 | /16 17:19:35 | Desc Main | |
|----------------|-------------------------|--|--|----------------|------------------|------------------------|--------------|---------------------------|---------------------|---------------------|
| FIII IN | inis iniorm | ation to identify your case | : | | | | | | | |
| Debto | r 1 | Tarita | N A: -I -II - | Name | Owens | | _ | | | |
| Dobto | . 0 | First Name | Middle | Name | Last N | ame | | | | |
| Debto (Spou | | First Name | Middle | Name | Last N | ame | _ | | | |
| l Inited | l States Ra | inkruptcy Court for the: | Northern | | District of Illi | nois | | | | |
| Ornico | otates be | intropicy Court for the. | Northern | | | State) | - | | | |
| Case (If know | number wn) | - | | | | | _ | | | |
| | , | | | | | | | | Г | Check if this is an |
| | | | | | | | | | _ | amended filing |
| <u>Offi</u> | <u>cial F</u> | orm 106H | | | | | | | | |
| Sch | edul | H: Your Co | debtors | | | | | | | 12/15 |
| | | eople or entities who ar | | ny dehts vo | u may haye | Re as complete | and a | ccurate as nossible | If two married neo | |
| n the b | ooxes on t question. | re equally responsible f the left. Attach the Addi ave any codebtors? (If | tional Page to th | is page. On | the top of ar | ny Additional Pa | ges, w | | | |
| | ☐ No ✓ Yes | aro an y ocaobioron (in j | you are ming a join | it oddo, do ne | | | .01.) | | | |
| 2. | Idaho, Lou | e last 8 years, have you uisiana, Nevada, New Me: Go to line 3. Did your spouse, former: No Yes. In which community | xico, Puerto Rico, [·] spouse, or legal ec | Texas, Wash | ington, and W | /isconsin.) e time? | | property states and terri | | na, California, |
| | | Name of your spouse, fo | rmer spouse, or le | gal equivalen | nt | | | | | |
| | | | | | | | | | | |
| | | Number Street | | | | | | | | |
| | | City | | State | | Zip Code | | | | |
| 3. | again as | n 1, list all of your code a codebtor only if that p EFF (Official Form 106) | oerson is a guara | antor or cosi | igner. Make : | sure you have li | sted th | ne creditor on Sched | ule D (Official For | m 106D), |
| | Column | 1: Your codebtor | | | | | Colu | mn 2: The creditor to | whom you owe t | he debt |
| | | | | | | | Chec | k all schedules that app | oly: | |
| 3.1 | Wotio, Ro | bert | | | | | П | Schedule D, line | | |
| | Name | | | | | | | | 4.22; | |
| | Number | 5441 Ridgewood Ct Street | | | | | | • | 4.22, | |
| | Chicago | Olicci | Illinois | | 60621 | | Ш | Schedule G, line | | |
| | City | | State | | Zip Code | | | | | |
| 3.2 | Owens, K | eisha | | | | | | Schedule D, line | | |
| | Name | | | | | | | | 4.5 | |
| | Ni neele | 16400 S Plymouth | | | | | ✓ | Schedule E/F, line | 4.5; | |
| | Number | Street | | | | | | Cabadula C lina | | |

60428

Zip Code

Markham City

Illinois

State

Schedule G, line

| Debtor 1 Tarita | Fill in thi | s information to identify | your case: | | | 4/16 17 | :19:35 | Desc Mai | n |
|---|------------------|------------------------------|--------------------------|----------------------|----------------------|------------|---------------|-------------|----------|
| First Name | Dobtor 1 | Torito | Docui | | g c 40 or | 70 | | | |
| Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: Northern District of Illinois (State) A supplement showing post-petition chapie expenses as of the following date: MM / DD / YYYY | Dentor 1 | | Middle Name | | | - | | | |
| (Spouse, if filing) First Name | Debtor 2 | i iistivalli c | WIIGUIE NAITIE | Lastinaille | | | Check if this | s is: | |
| United States Bankruptcy Court for the: Northern District of Illinois (State) MM / DD / YYYYY Difficial Form 106I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equall esponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you not under information about your spouse. If you are separated and your spouse is not filing with you, do not include nades, write your name and case number (if known). Answer every question. Part 1: Describe Employment information. If you have more than one job, attach a separate page with information about additional employers. Employment status Debtor 1 Debtor 2 Employed Not Employed Not Employed Not Employed Include part time, seasonal, or self-employer's address Include part time, seasonal, or self-employed work. Occupation may include | | filing) First Name | Middle Name | Last Name | | - | An ame | nded filing | |
| Case number (If known) Difficial Form 106 Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equall esponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you not include information about your spouse. If you are separated and your spouse is not filling with you, do not include not information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include Employer's address 1649 E 50th St Number Street Number Street | | | Northern | District of Illinois | | - | | | |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equall esponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you neclude information about your spouse. If you are separated and your spouses is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment If you have more than one job, attach a separate page with information about additional employers. Employment status Debtor 1 Debtor 2 Employed Mot Employed Not Employed Not Employed Include part time, seasonal, or self-employed work. Occupation may include Driver Employer's address 1649 E 50th St. Number Street | | per | | (State) | | - | MM / D | D / YYYY | |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equall esponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you not include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include Debtor 1 Debtor 2 Employed | | - | | | | | | | |
| esponsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you not not information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include Debtor 1 Debtor 2 Employed Debtor 2 Employed Not Employer's name Employer's address Tumber Street | sched | dule I: Your Inc | ome | | | | | | 12 |
| information. If you have more than one job, attach a separate page with information about additional employers. Employer's name Employed □ Not Employed | | - | | nswer every | question. | | | | |
| If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Employer's address Employer status Imployed Not Employed Driver Hyde Park Delivery Service 1649 E 50th St Number Street Number Street Number Street | | | | Debtor 1 | | | Debtor 2 | 2 | |
| If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Employer's address Occupation Driver Hyde Park Delivery Service 1649 E 50th St Number Street Number Street | | information. | Employment status | Consiste of | | | | ادمد | |
| attach a separate page with information about additional employers. Employer's name Include part time, seasonal, or self-employed work. Occupation Driver Hyde Park Delivery Service 1649 E 50th St Number Street Number Street | | - | , | | | | | | |
| information about additional employers. Employer's name Include part time, seasonal, or self-employed work. Occupation may include Driver Hyde Park Delivery Service 1649 E 50th St Number Street Number Street | | | | Not Employ | ed | | | nployed | |
| Include part time, seasonal, or self-employed work. Occupation may include Employer's address 1649 E 50th St Number Street Number Street Number Street | | | Occupation | Driver | | | | | |
| Include part time, seasonal, or self-employed work. Coccupation may include Employer's address 1649 E 50th St Number Street Number Street Number Street | | employers. | Employer's name | Hyde Park Deliv | very Service | | | | |
| or Self-employed work. Occupation may include Number Street Number Street | | Include part time, seasonal, | | | • | | | | |
| Occupation may include | | | Employer 5 address | | | | Number Str | eet | |
| · · · · | | seir-employed work. | | | | | | | |
| Student | | | | | | | | | _ |
| or homemaker, if it applies. | | | | | | | | | |
| Chicago Illinois 60615 City State Zip Code City State Zip Code | | , | | | | | City | State | Zip Code |
| | | | | | Siale | Zip Code | - • | 2.40 | , |
| How long employed there? 4 years | | | How long employed there? | 4 years | | | | | |
| non-filing spouse | | | • . | . , | | \$1,872.00 | | | |
| List monthly gross wages, salary, and commissions (before all payroll 2. \$1,872.00 | | , , | , , | | | . 40.00 | | | |
| List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. | ತ. Esti i | mate and list monthly overt | ime pay. | 3 | • | + \$0.00 | | | |

4. Calculate gross income. Add line 2 + line 3.

\$1,872.00

Tarita Case 16-10208 Filed 03/24/16 Entered @3424446 47649:35 Desc Main Doc 1 Middle Name Documentame Page 41 of 76 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$1,872.00 5. List all payroll deductions: \$0.00 5a. Tax, Medicare, and Social Security deductions 5a. 5b. 5b. Mandatory contributions for retirement plans \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. \$0.00 5h. Other deductions. Specify: 5h. -\$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,872.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 8a. monthly net income. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 8f. \$0.00 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. Specify: 8h. -\$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 10. Calculate monthly income. Add line 7 + line 9. \$1,872.00 \$1,872.00 10 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. \$1,872.00 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain:

| | Case 16-10208 | | 03/24/16 Entered 03/2 | 4/16 17:19:35 I | Desc Main | 1 |
|------------------------------|---|---|---|---------------------------------------|-----------------------|--------------|
| Fill in this info | rmation to identify your case |) : | J | | | |
| Debtor 1 | Tarita | | Owens | | | |
| | First Name | Middle Name | Last Name | Object Williams | | |
| Debtor 2 (Spouse, if fili | ng) First Name | Middle Name | Last Name | Check if this is: | | |
| | | | | An amended filing | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois (State) | A supplement show expenses as of the | | n chapter 13 |
| Case number | | | (Glaic) | 6.poooo ao o. ao | rono ming dato. | |
| (If known) | | | | MM / DD / YYYY | | |
| Official | Form 106J | | | | | |
| | | | | | | |
| Schedu | ıle J: Your Ex | penses | | | | 12/15 |
| nformation. It | - | | e filing together, both are equally r form. On the top of any additional | | | oer |
| Part 1: Des | scribe Your Househo | old | | | | |
| 1. Is this a jo | int case? | | | | | |
| ✓ No. G | io to line 2 | | | | | |
| | Does Debtor 2 live in a se | narata housahold? | | | | |
| 1es. I | | parate nousenoid: | | | | |
| | No No | | | | | |
| | Yes. Debtor 2 must file | Official Forms 106J-2, Experi | ses for Separate Household of Debto | r2. | | |
| 2. Do you ha | ve dependents? | 0 | | | | |
| Do not list l Debtor 2. | | es. Fill out this information for ach dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does depend with you? | dent live |
| - | • | | | | | |
| Part 2: Est | imate Your Ongoing | Monthly Expenses | | | | |
| - | of a date after the bankru | * . * * | you are using this form as a suppl oplemental Schedule J, check the | · · · · · · · · · · · · · · · · · · · | | |
| | | ash government assistance on Schedule I: Your Incom | | | Yo | ur expenses |
| | Il or home ownership experior the ground or lot. 4. | enses for your residence. In | nclude first mortgage payments and | | 4. | \$500.00 |
| If not inc | cluded in line 4: | | | | | |
| 4a. Real | estate taxes | | | | 4a | \$0.00 |
| 4b. Prope | erty, homeowner's, or renter | s insurance | | | 4b. | \$0.00 |
| 4c. Home | e maintenance, repair, and up | okeep expenses | | | 4c. | \$0.00 |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Tarita Case 16-10208 Doc 1 Filed 03/24/16 Entered 03/24/16 մեժեն 9:35 Desc Main Docume Middle Name Docume Page 43 of 76

| Document Page 43 of 76 | | |
|--|-----|---------------|
| | | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$0.00 |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$300.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$100.00 |
| 6d. Other. Specify: | 6d | \$0.00 |
| 7. Food and housekeeping supplies | 7. | \$350.00 |
| 8. Childcare and children's education costs | 8. | \$0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$25.00 |
| 10. Personal care products and services | 10. | \$25.00 |
| 11. Medical and dental expenses | 11. | \$10.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments | 12. | \$400.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$0.00 |
| 14. Charitable contributions and religious donations | 14. | \$0.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a | \$0.00 |
| 15b. Health insurance | 15b | \$0.00 |
| 15c. Vehicle insurance | 15c | \$150.00 |
| 15d. Other insurance. Specify: | 15d | \$0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| Specify: | 16 | \$0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a | \$0.00 |
| 17b. Car payments for Vehicle 2 | 17b | \$0.00 |
| 17c. Other. Specify: | 17c | \$0.00 |
| 17d. Other. Specify: | 17d | \$0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from | | \$0.00 |
| your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| 19.Other payments you make to support others who do not live with you. | | |
| Specify: | 19. | \$0.00 |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property | | 40.00 |
| 20b. Real estate taxes 20b. | 20a | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20b | \$0.00 |
| 20d. Maintenance, repair, and upkeep expenses 20d. | 20c | \$0.00 |
| | 20d | \$0.00 |
| 20e. Homeowner's association or condominium dues | 20e | \$0.00 |

| Debtor 1 Tarita Case 16-10208 Doc 1 Filed 03624616 Entered 03624616 | (ilkn7ival 9:35 Desc Ma | ain |
|--|-------------------------|------------|
| First Name | | |
| 21. Other. Specify: Car note expense for vehicle in daughter's name but it is vehicle for debtor. | 21 | \$245.00 |
| | | |
| 22. Calculate your monthly expenses. | | \$2,105.00 |
| 22a. Add lines 4 through 21. | | \$0.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$2,105.00 |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | 22. | |
| 23.Calculate your monthly net income. | - | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a | \$1,872.00 |
| 23b. Copy your monthly expenses from line 22 above. | 23b | \$2,105.00 |
| 23c. Subtract your monthly expenses from your monthly income. | | (\$233.00) |
| The result is your monthly net income. | 23c | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? | | |
| For example, do you expect to finish paying for your car loan within the year or do you expect your | | |
| mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| ✓ No | | |
| ☐ Yes | | |
| | | |
| Explain here: | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | Case 16-1020 | 8 Doc 1 Filed 0 | 13/24/16 En | tered 03/24/16 | 17-10-25 | Desc Main |
|--------------|---------------------------|-----------------------------|-----------------------------|------------------------|---|----------------------|---|
| Filli | in this inform | ation to identify your case | | | 161611 (7.3/2,4/10 | 11.13.55 | Desc Main |
| Deb | otor 1 | Tarita | | Owens | | | |
| 6.1 | 0 | First Name | Middle Name | Last Name | | | |
| | otor 2 ouse, if filing | First Name | Middle Name | Last Name | | | |
| Unit | ted States Ba | ankruptcy Court for the: | Northern | District of Illinois | | | |
| Car | se number | . , | | (State) | | | |
| | nown) | | | | | | |
| Of | ficial F | orm 106De | <u>c</u> | | | | Check if this is a amended filing |
| De | clarat | ion About aı | n Individual De | btor's Sch | nedules | | 12/1 |
| lf two | o married p | eople are filing togethe | r, both are equally respons | ible for supplying c | orrect information. | | |
| prop 1519 | | d in connection with a | | | | | ng property, or obtaining money or s, or both. 18 U.S.C. §§ 152, 1341, |
| | _ | y or agree to pay some | one who is NOT an attorne | y to help you fill out | bankruptcy forms? | | |
| | ✓ No | | | | | | |
| | Yes. N | lame of person | | | rruptcy Petition Prepare Official Form 119). | er's Notice, Declara | tion, and |
| | | | | | | | |
| | | alty of perjury, I declare | e that I have read the summ | ary and schedules f | iled with this declara | tion and | |
| × | /s/ Tarita C | Owens | | *_ | | | |
| | Signature o | f Debtor 1 | | S | signature of Debtor 2 | | |
| | Date 3/24/2 | 2016 | | С | Date | | |
| | MM/I | DD/YYYY | | | MM/DD/YYYY | | |

| | Case his information to id | 2 16-10208 dentify your case | | iled 03/24/16 | Entered 03/24/16 17:19:3 | 5 Desc Main |
|----------|---|---------------------------------|------------------------|--|--|---|
| Debtor | r 1 <u>Tarita</u> | | | Owens | | |
| Debtor | | | Middle N | | | |
| | se, if filing) First Na | | Middle N | | | |
| | States Bankruptcy | Court for the: | Northern | District of Illino (Sta | | |
| (If know | number vn) | | | | | _ |
| Offic | cial Form | 107 | | | | Check if this is a amended filing |
| Stat | ement of | Financi | al Affairs | for Individua | ls Filing for Bankru | otcy 12/ |
| space is | s needed, attach | a separate shee | et to this form. On | the top of any additional | r, both are equally responsible for sup pages, write your name and case nun | |
| Part 1: | | | | and Where You Live | ed Before | |
| 1. | What is your cur | rent marital sta | itus? | | | |
| | Married✓ Not married | | | | | |
| 2. | During the last 3 | years, have you | ı lived anywhere o | ther than where you live | now? | |
| | No ✓ Yes. List all of | the places you li | ved in the last 3 year | rs. Do not include where yo | ou live now. | |
| | Debtor 1: | | | Dates Debtor 1 lived | Debtor 2: | Dates Debtor 2 lived |
| | Deptor 1: | | | there | | there |
| | Deptor 1: | | | there | Same as Debtor 1 | Same as Debtor 1 |
| | 8220 S Avalon | | | From 2/1/2012 | | _ |
| | | | | | Same as Debtor 1 Number Street | Same as Debtor 1 |
| | 8220 S Avalon | | 60619 | From <u>2/1/2012</u> | Number Street | Same as Debtor 1 From To |
| | 8220 S Avalon Number Stre | eet | 60619 Zip Code | From <u>2/1/2012</u> | Number Street | Same as Debtor 1 |
| | 8220 S Avalon Number Stre | et | | From <u>2/1/2012</u> To <u>2/8/2016</u> | Number Street City State Zi | Same as Debtor 1 From To p Code Same as Debtor 1 |
| | 8220 S Avalon Number Stre | Illinois State | | From <u>2/1/2012</u> To <u>2/8/2016</u> From | Number Street City State Zi | Same as Debtor 1 From To p Code Same as Debtor 1 From |
| | 8220 S Avalon Number Stre Chicago City | Illinois State | | From <u>2/1/2012</u> To <u>2/8/2016</u> | Number Street City State Zi Same as Debtor 1 | Same as Debtor 1 From To p Code Same as Debtor 1 |

Debtor 1 Tarita Case 16-10208
First Name Filed 03624416 Entered 03424416 1476419:35 Desc Main Documenter Page 47 of 76 Doc 1 Part 2: Explain the Sources of Your Income

| I. | Fill in the total amount of income you received for | employment or from operating a business during this year or the two previous calendar years? bu received from all jobs and all businesses, including part-time e and you have income that you receive together, list it only once under Debtor 1. | | | | | |
|-----------|---|---|---|--|--|--|--|
| | | Debtor 1 | | Debtor 2 | | | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | |
| | From January 1 of current year until the date you filed for bankruptcy: | ✓ Wages, commissions, bonuses, tips✓ Operating a business | \$5512.50 | Wages, commissions, bonuses, tips Operating a business | | | |
| | For last calendar year: (January 1 to December 31, | ✓ Wages, commissions, bonuses, tips☐ Operating a business | \$25000.00 | Wages, commissions, bonuses, tips Operating a business | | | |
| | For the calendar year before that: (January 1 to December 31, | ✓ Wages, commissions, bonuses, tips☐ Operating a business | \$28000.00 | Wages, commissions, bonuses, tips Operating a business | | | |
| | Did you receive any other income during this include income regardless of whether that income penefit payments; pensions; rental income; intereand you have income that you received together, List each source and the gross income from each No Yes. Fill in the details. | e is taxable. Examples of other est; dividends; money collected list it only once under Debtor 1. | income are alimony; child su from lawsuits; royalties; and | gambling and lottery winnings. | • | | |
| | | Debtor 1 | | Debtor 2 | | | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | | |
| | From January 1 of current year until the date you filed for bankruptcy: | | | | | | |
| | For last calendar year: (January 1 to December 31, 2015) YYYYY | | | | | | |
| | For the calendar year before that: (January 1 to December 31, | | | | | | |

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Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

| re eithe | er Debtor 1's o | r Debtor 2's d | ebts primarily con | sumer debts? | | | | |
|---|------------------------------|-----------------|---|------------------------------|------------------------------|------------------------------|---|--|
| No. | | | or 2 has primarily c ehold purpose." | onsumer debts. Consu | umer debts are defined in 11 | U.S.C. § 101(8) as "incurred | d by an individual primarily | |
| | During the 90 | days before you | u filed for bankruptcy, | a total of \$6,225* or more? | of \$6,225* or more? | | | |
| | No. Go to | line 7. | | | | | | |
| Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. | | | | | | | | |
| * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. | | | | | | | | |
| Yes. | Debtor 1 or D | ebtor 2 or bo | th have primarily c | onsumer debts. | | | | |
| | During the 90 | days before you | u filed for bankruptcy, | did you pay any creditor | a total of \$600 or more? | | | |
| ✓ No. Go to line 7. | | | | | | | | |
| Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. | | | | | | | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for | |
| | editor's Name mber Street | | | | | | Mortgage Car Credit card Loan repayment | |
| Cit | у | State | Zip Code | | | | Suppliers or vendors Other | |
| Cre | editor's Name | | | | | | Mortgage Car | |
| Nu | mber Street | | | | | | Credit card Loan repayment | |
| Cit | у | State | Zip Code | | | | Suppliers or vendors Other | |
| Cre | editor's Name | | | | | | Mortgage Car | |
| Nu | mber Street | | | | | | Credit card | |
| | | | | | | | Loan repayment Suppliers or | |
| Cit | V | State | 7in Code | | | | vendors | |

Other

Doc 1 Filed 03624616 Entered 03624616 647619:35 Desc Main Debtor 1 Document Page 49 of 76 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

| | all such matters, includ | i filed for bankruptcy ling personal injury ca | | | | | | stody modifications, and contract |
|---|--------------------------|---|----------|--|--------------------------------|-----------|----------|-----------------------------------|
| V | No Silver and the in- | | | | | | | |
| Ш | Yes. Fill in the details | | Nature o | of the case | Court or ag | encv | | Status of the case |
| | Case title | | Tuturo (| | - Count of ag | ooy | | Pending |
| | | | - | | Court Name | | | On appeal |
| | Case number | | | | Number Stre | eet | | - Concluded |
| | | | - | | City | State | Zip Code | _ |
| | Case title | | | | - , | | , | Pending |
| | - | | - | | Court Name | | | On appeal |
| | Case number | | | | Number Stre | eet | | Concluded |
| | | | _ | | City | State | Zip Code | _ |
| L | Yes. Fill in the inforr | iauon delow. | | Describe the prope | erty | | Date | Value of the property |
| | Creditor's Name | | | Explain what happe | ened | | | |
| | Number Street City | State Zip | o Code | Property was re Property was for Property was ga | reclosed. | r levied. | | |
| | <u> </u> | · | | Describe the prope | erty | | Date | Value of the property |
| | Creditor's Name | | | | | | | |
| | Number Street | | | Explain what happe | ened | | | |
| | | | | Property was re | | | | |
| | | | | Property was for Property was ga | | | | |
| | City | State Zip | Code | | arnisned. ached, seized, or | levied. | | |

| Debt | tor 1 | | <u>d 03624k16 Entered</u> 03/24/16 | : <u>35 Desc</u> | Main |
|------|----------|---|---|--------------------------|--------------------------|
| 11. | | ounts or refuse to make a payment because you ow | creditor, including a bank or financial institution, set of | ff any amounts fr | rom your |
| | | No Yes. Fill in the details. | | | |
| | | | Describe the action the creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | |
| | | Number Street | | | |
| | | | Last 4 digits of account number: XXXX- | | |
| | | City State Zip Code | | | |
| 12. | | in 1 year before you filed for bankruptcy, was any civer, a custodian, or another official? | of your property in the possession of an assignee for th | e benefit of credi | itors, a court-appointed |
| | ✓ | No Yes | | | |
| Part | 5: | ist Certain Gifts and Contributions | | | |
| 13. | Wit | hin 2 years before you filed for bankruptcy, did you | give any gifts with a total value of more than \$600 per | person? | |
| | <u> </u> | No Yes. Fill in the details for each gift. | | | |
| | | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | | Person to Whom You Gave the Gift | | | |
| | | | | | |
| | | Number Street | | | |
| | | City State Zip Code Person's relationship to you | | | |
| | | Person to Whom You Gave the Gift | | | |
| | | Number Street | | | |
| | | City State Zip Code Person's relationship to you | | | |
| | | 1 GISOTIS IGIALIOTISHIP TO YOU | | | |

| | | FIRST Name | Middle Name Do | ocument Page 52 of 76 | | |
|------|----------|--|-------------------------------|---|-----------------------------------|------------------------|
| 14. | With | nin 2 years before you file | | give any gifts or contributions with a total value of mor | e than \$600 to an | y charity? |
| | ✓ | No Yes. Fill in the details for ea | ach gift or contribution. | | | |
| | | Gifts with a total value of per person | | Describe the gifts | Dates you gave the gifts | Value |
| | | Charity's Name | | | | |
| | | | | - | | |
| | | Number Street | 7 Code | - | | |
| Part | 6. | City State _ist Certain Losses | e Zip Code | | | |
| 15. | With | | l for bankruptcy or since y | ou filed for bankruptcy, did you lose anything because | of theft, fire, othe | r disaster, or |
| | <u> </u> | No | | | | |
| | ш | Yes. Fill in the details. Describe the property you how the loss occurred | ou lost and | Describe any insurance coverage for the loss | Date of your loss | Value of property lost |
| | | | | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | 1000 | |
| | | | | | | |
| Part | 7: | ₋ist Certain Payment | ts or Transfers | | | |
| 16. | seek | ing bankruptcy or prepar | ring a bankruptcy petition | r anyone else acting on your behalf pay or transfer any p? ? it counseling agencies for services required in your bankrupto | | ne you consulted about |
| | | No | by pennon proparers, or creat | it counseling agencies for services required in your bankinght | .y. | |
| | V | Yes. Fill in the details. | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | Semrad Law Firm | | Semrad Law Firm - \$413.00 | 2/8/2016 | \$413.00 |
| | | Person Who Was Paid 20 South Clark Street 28th | n Floor | • | | |
| | | Number Street | | - | | |
| | | Chicago Illino | | | | |
| | | City State | e Zip Code | | | |
| | | Email or website address None | | _ | | |
| | | Person Who Made the Pay | ment, if Not You | |] | |
| | | Person Who Was Paid | | | | |
| | | Number Street | | - - | | |
| | | City State | e Zip Code | | | |
| | | Email or website address | | - | | |
| | | Person Who Made the Pay | ment, if Not You | | | |

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| Yes. Fill in the details. | Description and value of any prop | erty transferred | Date payment or transfer | Amount o | f paymen |
|--|---|----------------------|--------------------------|-------------|------------|
| | | | was made | | |
| Person Who Was Paid | | | | | |
| Number Street | | | | | |
| City State Zip Code | | | | | |
| ordinary course of your business or financial affainclude both outright transfers and transfers made as stransfers that you have already listed on this statement. No Yes. Fill in the details. | | erest or mortgage or | your property). Do | not include | gifts and |
| Tes. Fill lift the details. | Description and value of any | | property or paym | | ate transf |
| | property transferred | received or d | ebts paid in exch | ange wa | s made |
| Person Who Received Transfer | | | | _ | |
| Number Street | | | | | |
| City State Zip Code Person's relationship to you | | | | | |
| Person Who Received Transfer | | | | _ | |
| | — | | | | |
| Number Street | | | | | |
| Number Street City State Zip Code Person's relationship to you | | | | | |
| City State Zip Code Person's relationship to you Within 10 years before you filed for bankruptcy, di These are often called asset-protection devices.) No | d you transfer any property to a self-settle | d trust or similar d | evice of which yo | u are a ben | eficiary? |
| City State Zip Code Person's relationship to you Within 10 years before you filed for bankruptcy, di These are often called asset-protection devices.) | d you transfer any property to a self-settle Description and value of the prop | | evice of which yo | Da | eficiary? |

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Debtor 1 Tarita Case 16-10208
First Name Filed 03624616 Entered 03624616 1676419:35 Desc Main Documenter Page 54 of 76 Doc 1

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

| | or tra | in 1 year before you filed for bankruptcy, were ansferred? de checking, savings, money market, or other financeratives, associations, and other financial institution | cial accounts | | | | | |
|-----|--------|---|---------------|----------------------|-----------------|----------------------------|---|---|
| | | No Yes. Fill in the details. | | | | | | |
| | _ | | Last 4 | digits of account | Type of instrum | account or nent | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | | Person Who Was Paid | XXXX | - | | ecking vings | | |
| | | Number Street | | | | ney market kerage er | | |
| | | City State Zip Code | | | | | | |
| | | Person Who Was Paid | XXXX | - | | ecking vings | | |
| | | Number Street | | | Bro | ney market kerage | | |
| | | City State Zip Code | | | U Oth | er | | |
| | valua | ou now have, or did you have within 1 year befables? | ore you file | d for bankruptcy, ar | ny safe deposi | t box or other depositor | ry for securities, | cash, or other |
| | | Yes. Fill in the details. | Who else | had access to it? | | Describe the contents | S | Do you still have it? |
| | | Name of Financial Institution | Name | | | | | ☐ No ☐ Yes |
| | | Number Street | Number | Street | | | | III les |
| | | City State Zip Code | City | State | Zip Code | | | |
| 22. | Have | e you stored property in a storage unit or place | other than | your home within 1 | year before y | ou filed for bankruptcy | ? | |
| | | No Yes. Fill in the details. | | | | | | |
| | | | Who else | had access to it? | | Describe the contents | S | Do you still have it? |
| | | Name of Storage Facility | Name | | | | | ☐ No ☐ Yes |
| | | Number Street | Number | Street | | | | _ |
| | | | City | State | Zip Code | | | |
| | | City State Zip Code | | | | | | |

| Debt | | Tarita Case 16-10208 Doc 1 First Name Middle Name | Filed 036 | ^e nt™ Paç | ntered @3/2 ge 55 of 76 | 44/16/1476/19:35 Desc Mail | <u>n</u> |
|-------------|----------|---|--|-------------------------------------|--|---|-----------------|
| Part | 9: | Identify Property You Hold or Contro | I for Someo | ne Else | | | |
| 23. | _ | you hold or control any property that someone No Yes. Fill in the details. | e else owns? lı | nclude any pro | perty you borro | wed from, are storing for, or hold in tru | st for someone. |
| | _ | | Where is th | e property? | | Describe the contents | Value |
| | | Owner's Name | Number Stre | eet | | - | |
| | | Number Street | | | | - | |
| | | | City | State | Zip Code | - | |
| | | City State Zip Code | _ | | | | |
| Part | 10: | Give Details About Environmental In | nformation | | | | |
| For | the p | urpose of Part 10, the following definitions apply: | | | | | |
| | ha in | nvironmental law means any federal, state, or loca azardous or toxic substances, wastes, or material in cluding statutes or regulations controlling the clea- tite means any location, facility, or property as define | nto the air, land, nup of these sul | soil, surface wa bstances, waste | ater, groundwater, es, or material. | , or other medium, | |
| | | used to own, operate, or utilize it, including dispo | | | | | |
| | | lazardous material means anything an environment xic substance, hazardous material, pollutant, conta | | | aste, hazardous s | substance, | |
| Rep | ort al | I notices, releases, and proceedings that you know | v about, regardle | ess of when they | occurred. | | |
| 24 | ∐ac | any governmental unit notified you that you r | may bo liable o | r notontially lis | able under er in | violation of an environmental law? | |
| 24 . | ⊓as | No | may be mable o | potentially lie | able under or in | violation of an environmental law: | |
| | | Yes. Fill in the details. | | | | | |
| | | | Governmen | ntal unit | | Environmental law, if you know it | Date of notice |
| | | Name of site | Governmenta | al unit | | - | |
| | | Number Street | Number Stre | eet | | - | |
| | | | City | State | Zip Code | - | |
| | | City State Zip Code | _ | | | | |
| 25. | Hav | e you notified any governmental unit of any re | elease of hazar | dous material | 7 | | |
| | _ | No | | | | | |
| | | Yes. Fill in the details. | | | | | D |
| | | | Governmen | ital unit | | Environmental law, if you know it | Date of notice |
| | | Name of site | Governmenta | al unit | | - | |
| | | Number Street | Number Stre | eet | | - | |
| | | - | City | State | Zip Code | - | |
| | | City State Zip Code | - | | | | |

| Debtor | 1 | Tarita Case 16-10208 First Name | Doc 1 F | | <u>Entered</u> | √11.6 ∕14.75 √11.9: <u>35 Desc Mai</u> | <u>n</u> |
|----------|------|--|--------------------------|---------------------------------|----------------------|---|--------------------|
| 26. H | av | e you been a party in any judic | ial or administrati | ve proceeding under any | environmental law | ? Include settlements and orders. | |
| <u> </u> | 7 | No | | | | | |
| | 1 | Yes. Fill in the details. | | Count or occupan | | Notice of the open | Ctatus of the |
| | | | | Court or agency | | Nature of the case | Status of the case |
| | | Case title | | | | | Pending |
| | | | | Court Name | | | On appeal |
| | | | | Number Street | | | Concluded |
| | | Case number | | City State | Zip Code | | Considera |
| Part 11 | | Give Details About Your | | | • | | |
| | | | | | | | |
| 27. W | /ith | nin 4 years before you filed for | bankruptcy, did y | ou own a business or ha | ve any of the follow | ing connections to any business? | |
| | | A sole proprietor or self-emp | | • | • | -time | |
| | | A member of a limited liabilit A partner in a partnership | y company (LLC) c | or limited liability partnershi | O (LLP) | | |
| | | An officer, director, or mana | ging executive of a | corporation | | | |
| | | An owner of at least 5% of the | ne voting or equity s | securities of a corporation | | | |
| <u>-</u> | 7 | No. None of the above applies. G | | | | | |
| L | _ | Yes. Check all that apply above a | nd till in the details t | Describe the nature | e of the business | Employer Identification nul | mber Do not |
| | | | | | | include Social Security nun | |
| | | Business Name | | | | EIN: | |
| | | Number Street | | | | Dates business existed | |
| | | | | Name of accountain | nt or bookkeeper | | |
| | | City State | Zip Code | | | FromTo | |
| | | | | | | | |
| | | | | Describe the nature | e of the business | Employer Identification nui include Social Security nun | |
| | | Business Name | | | | EIN: | |
| | | Number Street | | | | Dates business existed | |
| | | Transor Street | | Name of accountain | nt or bookkeeper | | |
| | | City State | Zip Code | | | From To | |
| | | | | | | | |
| | | | | Describe the nature | e of the business | Employer Identification nu | |
| | | | | | | include Social Security nun | nber or ITIN. |
| | | Business Name | | | | EIN: | |
| | | Number Street | | Name of accounts | nt or hookkeener | Dates business existed | |
| | | 0.1 | | Name of accountai | it of bookkeeper | From To | |
| | | City State | Zip Code | | | FromTo | <u></u> |
| | | | | | | | |
| | | | | | | | |

| Debtor | | | | <u>ered</u> 03/24/166/1470/19: <u>35</u> | Desc Main |
|----------|--|-------------------------|-----------------------------|--|-----------------------------------|
| | First Name | Middle Name DO | cumetht Page | 57 of 76 | |
| | ithin 2 years before you filed for leditors, or other parties. | oankruptcy, did you g | ive a financial statement | to anyone about your business? In | clude all financial institutions, |
| <u> </u> | No Yes. Fill in the details below. | | | | |
| _ | Tool 1 iii iii da dadaiia balaw. | | Date issued | | |
| | Name | | MM/DD/YYYY | | |
| | Number Street | | - | | |
| | City State | Zip Code | - | | |
| Part 12 | : Sign Below | | | | |
| and | l correct. I understand that makir | ig a false statement, o | concealing property, or o | is, and I declare under penalty of perbasing money or property by fraudars, or both. 18 U.S.C. §§ 152, 1341, | d in connection with a |
| | Signature of Debtor | 1 | | Signature of Debtor 2 | |
| | Date 3/24/2016 | | | Date | |
| Did | you attach additional pages to Y | our Statement of Fin | ancial Affairs for Individ | uals Filing for Bankruptcy (Official I | Form 107)? |
| ✓ | No | | | | |
| | Yes | | | | |
| | | | | | |
| Did | you pay or agree to pay someon | e who is not an attorr | ney to help you fill out ba | nkruptcy forms? | |
| Did | No | e who is not an attorr | ney to help you fill out ba | . , | |
| Did | | e who is not an attorr | ney to help you fill out ba | nkruptcy forms? Attach the Bankruptcy Petition Declaration, and Signature (O | • |

| | Case 16-1020 | 8 Doc 1 Filed (| 03/24/16 En | tered 0.3/24/16 17:19:35 | Desc Main |
|---|--|--|---|--|------------------------------------|
| Fill in this informa | ation to identify your case | | J | ,, = = = 1 . = 5 . 5 . | 2000 |
| Debtor 1 | Tarita | | Owens | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | inkruptcy Court for the: | Northern | District of Illinois | | |
| | | | (State) | | |
| Case number (If known) | | | | | |
| | orm 108 | on for Individu | uala Filina | Under Chapter 7 | Check if this is an amended filing |
| If you are an ind creditors have you have lease You must file thi whichever is ear If two married pe | ividual filing under che claims secured by your great personal property as form with the court willier, unless the court e | apter 7, you must fill out the pur property, or and the lease has not expir within 30 days after you file xtends the time for cause. Yer in a joint case, both are e | nis form if: ed. your bankruptcy pe You must also send | tition or by the date set for the meeting copies to the creditors and lessors your or supplying correct information. | , |

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? No. Creditor's Surrender the property. name: OVERLND BOND Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Chevy, Malibu | Value: \$4,100.00 Retain the property and [explain]: Creditor's Surrender the property. No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: Surrender the property. No. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

| Debtor | Tarita Case 16-10208 | Doc 1 | Filed 03/24/16 | Entered 03/24/16 1 Page 59 of 76 Renown) | 7:19:35 | Desc Main |
|----------|--|-----------------|--------------------------|--|---------------|--|
| 1 | First Name | Middle Nan | ne Last Nam | ne known) | | |
| Part 2: | List Your Unexpired Pers | onal Prope | rty Leases | | | |
| informat | | te leases. Unex | cpired leases are leases | | | icial Form 106G), fill in the ot yet ended. You may assume an |
| Des | cribe your unexpired personal | property leases | S | | Will the lea | se be assumed? |
| Less | sor's name: Frontier Realty | | | | ☐ No ✓ Yes | |
| | cription of leased erty: 1 year residential lease | | | | | |
| Less | sor's name: | | | | No Yes | |
| | cription of leased erty: | | | | | |
| Less | sor's name: | | | | No Yes | |
| | cription of leased erty: | | | | | |
| Less | sor's name: | | | | ☐ No☐ Yes | |
| | cription of leased erty: | | | | | |
| Less | sor's name: | | | | No Yes | |
| | cription of leased erty: | | | | | |
| Less | sor's name: | | | | No Yes | |
| | cription of leased erty: | | | | | |
| Less | sor's name: | | | | No Yes | |
| | cription of leased erty: | | | | | |
| Part 3: | Sign Below | | | | | |
| | | | | | | |
| | er penalty of perjury, I declare th s subject to an unexpired lease | | cated my intention about | any property of my estate that | secures a del | ot and any personal property |

| × | /s/ Tarita Owens | × |
|---|------------------------------|-----------------------|
| | Signature of Debtor 1 | Signature of Debtor 1 |
| | Date 3/24/2016 MM/DD/YYYY | Date MM/DD/YYYY |

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B 203 (12/94)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| n re | Tarita Owens | | Case No. | | | | | | |
|------|---|--|-----------------------------------|---|--|--|--|--|--|
| _ | Debtor | | | (If known) | | | | | |
| | | | Chapter | Chapter 7 | | | | | |
| 1 | DISCLOSURE O Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. year before the filing of the petition in bankruptcy | | abovenamed debtor(s) and th | at compensation paid to me within one | | | | | |
| | in connection w ith the bankruptcy case is as follows: | | erea or to be renaerea on bene | all of the deptor(s) in contemplation of or | | | | | |
| | For legal services, I have agreed to accept | | | \$1,413.0 | | | | | |
| | Prior to the filing of this statement I have received | d | | \$413.0 | | | | | |
| | Balance Due | | | \$1,000.00 | | | | | |
| 2 | The source of the compensation paid to me was Debtor | Other (specify) | | | | | | | |
| 3 | . The source of the compensation paid to me is: Debtor | Other (specify) | | | | | | | |
| 4 | I have not agreed to share the above-disclomembers and associates of my law firm. | sed compensation with any other person unles | s they are | | | | | | |
| | | compensation with a other person or persons py of the agreement, together with a list of the attached. | | | | | | | |
| 5 | . In return for the above-disclosed fee, I have agr a. Analysis of the debtor's financial situati | eed to render legal service for all aspects of the on, and rendering advice to the debtor in deter | | n in bankruptcy; | | | | | |
| | b. Preparation and filing of any petition, so | b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required; | | | | | | | |
| | c. Representation of the debtor at the me | eting of creditors and confirmation hearing, and | d any adjourned hearings there | eof; | | | | | |
| 6 | . By agreement with the debtor(s), the above-disc | losed fee does not include the following service | es: | | | | | | |
| | | | | | | | | | |
| | | CERTIFICATION | | | | | | | |
| | I certify that the foregoing is a complete statement seedings. | of any agreement or arrangement for payment | t to me for representation of the | e debtor(s) in this bankruptcy | | | | | |
| | 3/24/2016 | | /s/ Angie Harb | | | | | | |
| | Date | Si | ignature of Attorney | | | | | | |
| | | : | Semrad Law Firm | | | | | | |
| | | | Name of law firm | | | | | | |
| | | | | | | | | | |

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC, to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I agree to pay The Semrad Law Firm, LLC \$1413.00 in attorney fees plus costs in the amount of \$412.00 to represent my interests in the preparation and filing of my Chapter 7 Petition and Schedules; preparation and attendance of the Section 341 Meeting of Creditors; review of any redemption agreements; review of any reaffirmation agreements; and case administration and monitoring. I further understand and agree that additional professional legal services will result in fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representing Client in Adversary Proceeding. \$300.00/hr.

Adding additional bills \$50.00

Motion to Reopen and Avoid Lien \$1000.00

Motion to Reopen \$350.00 + court costs

I understand that these fees must be paid before such work will be completed. I acknowledge and agree that as the above additional fees constitute post-petition services, they are not dischargeable in my Chapter 7 case.

I also understand that, unless otherwise agreed, my Chapter 7 bankruptcy case will not be filed until I pay the attorney fees in full. As The Semrad Law Firm, LLC will begin to work on my file immediately after entering into this contract; I understand that any and all funds paid are not refundable.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay the balance of any unpaid fees to The Semrad Law Firm, LLC. Any fees owing to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy may be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay unpaid fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw representation in the event that I do not sign a second retainer after filing my case promising to pay said fees or in the event that I do not pay said fees.

I understand that any funds that I am tendering to The Semrad Law Firm, LLC, as part of this advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm. I further understand that it is ordinarily my option to deposit funds with an attorney that shall remain my property as security for future services. However, The Semrad Law Firm, LLC, does not

Tarita Owens
Matter Number 376885-003
Initial:

represent clients under such a security retainer because the preparation of a bankruptcy case requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while others may be only ministerial in nature. I further understand that the benefit that I am receiving under this fee arrangement is the commitment of The Semrad Law Firm, LLC, to perform any and all work reasonably necessary to file my case absent any extraordinary circumstances.

As The Semrad Law Firm, LLC, has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC. This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.*

I also understand that, if I am refiling a case with The Semrad Law Firm, LLC, and an audit of the previous case(s) indicate that remaining attorney fees are owed; any initial funds I pay to refile will first be applied to the balance owed on the previous case(s). If client breaches this agreement, client will be responsible for all costs associated with enforcing the terms of this contract including but not limited to court costs and attorney fees.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC, or an agent thereof.

| Date: 03/24/16 | |
|----------------|-----------------|
| Taite owers | , Tarita Owens |
| | |
| 0.24A | , , Attorney |

*DISCLAIMER

The creditors listed in your bankruptcy petition will receive notice of your bankruptcy filing from the Clerk of the United States Bankruptcy Court. Please be advised that it will be several days before these creditors receive the notice. Therefore, if you are concerned about a particular creditor taking immediate action against you, contact this creditor directly and provide the creditor with a copy of your Notice of Bankruptcy Filing. This is especially important if you are at risk of having you vehicle repossessed, real estate foreclosed, or wages garnished.

Tarita Owens Matter Number 376885-003

Initial:

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

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- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

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your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$275 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$200 | filing fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$310 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$235 | filing fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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| In re: | Owens, Tarita | Case No. | Case No | |
|---|---------------|-------------------------|----------------|--|
| _ | Debtor(s) | | | |
| | | Chapter. Chapter7 | | |
| | VERIFICA | TION OF CREDITOR MATRIX | | |
| The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their kr | | | eir knowledge. | |
| | | | | |
| Date: | 3/24/2016 | /s/ Owens, Tarita | | |
| | | Owens Tarita | | |

Signature of Debtor

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PT OF ED/NAVIENT Document Page 68 of 76

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

MOHELA 633 SPIRIT DR CHESTERFIELD , MT 63005

OVERLND BOND 4701 W FULLERTON CHICAGO , IL 60639

MOHELA 633 SPIRIT DR CHESTERFIELD , MT 63005

CAPITAL ONE BANK USA N PO BOX 85520 RICHMOND , VA 23285

Capital One Po Box 30281 Salt Lake City , UT 84130

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602

Founders Insurance Co PO Box 5100 Des Plaines , IL 60017

Erie Insurance 100 Erie Insurance Place Erie , PA 16530

Peoples Gas 200 E. Randolph Chicago , IL 60601

ComEd 3 Lincoln Center Bankruptcy Section Oakbrook Terrace , IL 60181

Comcast 11621 E. Marginal Way # 5 Bankruptcy Dept Seattle , WA 98168

TMobile P.O. Box 742596 Cincinnati , OH 45274

US Cellular Dept 0205 Palatine , IL 60055 Case 16-10208 Doc 1 Filed 03/24/16 Entered 03/24/16 17:19:35 Desc Main Page 69 of 76 Document Page 69 of 76

Internal Revenue Service P.O. Box 7346 Philadelphia , PA 19101

SALLIE MAE PO BOX 9500 WILKES BARRE , PA 18773

Navient 1002 ARTHUR DR LYNN HAVEN , FL 32444

MAC Property MGMT c/o: Cary G Schiff and Associates 134 N Lasalle #1720 Chicago , IL 60602

Founder's Insurance 1111 E Touhy Ave Des Plaines , IL 60018

Advocate Trinity Hospital P.O. Box 3039 Hinsdale , IL 60522

Blatt, Hassenmiller, Leibsker & Moore, LLC PO Box 489 Normal , IL 61761

CBE GROUP 131 TOWE PARK DR SUITE 1 WATERLOO , IA 50702

CREDIT PROTECTION ASSO PO Box 802068 Dallas , TX 75380

City of Markham 16313 S. Kedzie Parkway Markham , IL 60428

Dependon Collection PO Box 4983 Hinsdale , IL 60522

IC Systems PO BOX 64437 Saint Paul , MN 55164

MOHELA 633 SPIRIT DR CHESTERFIELD , MT 63005

Mac Realty 4730 1/2 South Woodlawn Ave Chicago , IL 60615

Rendered Service Inc. 2019 W Rascher Ave Chicago , IL 60625 Case 16-10208 Doc 1 Filed 03/24/16 Entered 03/24/16 17:19:35 Desc Main TOYOTA MOTOR CREDIT 1111 W 22ND ST STE 420 OAK BROOK , IL 60523 Document Page 70 of 76

Paragon Subrogation Services, Inc. P.O. Box 280519 Northridge , CA 91328

State Farm Insurance 1 State Farm Plaza Bloomington , IL 61710

direct tv P.O.Box 9001069 Louisville , KY 40290

TCF Bank 919 Estes Court Schaumburg , IL 60193

LaSalle Bank 1701 River Oaks Dr Calumet City , IL 60409

Car Credit Stop 1235 Burnham Ave. Calumet City , IL 60409

TMobile P.O. Box 742596 Cincinnati , OH 45274

Illinois Title Loans c/o: Legal Department 8601 Dunwoody Place, Suite 406 Atlanta , GA 30350

Page 71 of 76 Document me Answer These Questions for Reporting Purposes Part 6: 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. True ? additionalDetails.OtherTypesOfDebt : "" 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are Do you estimate that paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded ✓ No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **1**-49] 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 31,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Tarita Owens Signature of Debtor 2 Signature of Debtor 1 3/24/2016 Executed on Executed on MM / DD / YYYY MM / DD / YYYY

Filed 03/24/16

Doc 1

Entered 03/24/16 17:19:35

Tarita Case 16-10208

Debtor 1

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| Fill in this information to identify your case: | | | | | |
|---|---|---------------------------------------|-----------|-------|--|
| Debtor 1 | Tarita | Tarita | | Owens | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if fili | ng) First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | Northern District of Illinois (State) | | | |
| Case number (If known) | *************************************** | | (Glale) | | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Part 1: | Sign Below | |
|--|---|---|
| Did | you pay or agree to pay someone who is NOT an attorney to hel | p you fill out bankruptcy forms? |
| Ø | No | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | |
| A C THE STANDARD OF THE STANDA | | |
| | der penalty of perjury, I declare that I have read the summary and they are true and correct. | schedules filed with this declaration and |
| 🗶 Isl | Tarita Owens and Owline | * |
| Sigr | nature of Debtor 1 | Signature of Debtor 2 |
| Date | ⇒ 3/24/2016 MM/DD/YYYY | Date |

Case 16-10208 Doc 1 Filed 03/24/16 Entered 03/24/16 17:19:35 Page 73 of 76 Document Debtor 1 Tarita Middle Name Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, 28. creditors, or other parties. ✓ No Yes. Fill in the details below. Date issued MM/DD/YYYY Name Number City State Zip Code Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor Signature of Debtor 2 Date Date 3/24/2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? **V** No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? Attach the Bankruptcy Petition Preparer's Notice, Yes. Name of person Declaration, and Signature (Official Form 119).

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Debtor Tarita Owens Case number (if 1 First Name Middle Name Last Name known) Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? No Lessor's name: Frontier Realty ✓ Yes Description of leased property: 1 year residential lease No Lessor's name: Description of leased property: No Lessor's name: Description of leased property: No Lessor's name: Description of leased property: Lessor's name: Description of leased property: Lessor's name: Description of leased property: ☐ No Lessor's name: Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. auto Guens /s/ Tarita Owens Signature of Debtor 1 Signature of Debtor 1 Date 3/24/2016 MM/DD/YYYY MM/DD/YYYY

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Owens, Tarita | Case No | | |
|--------|---|--|--|--|
| | Debtor(s) | 3400 1101 | | |
| | | Chapter | Chapter7 | |
| | VERIFICA | ATION OF CREDITOR MATRIX | × | |
| Т | he above named Debtors hereby verify that | the attached list of creditors is true and o | correct to the best of their knowledge | |
| Date: | 3/24/2016 | /s/ Owens, Tarita | Taido Owens | |
| | | Owens, Tarita Signature of Debtor | | |

Case 16-10208 Doc 1 Filed 03/24/16 Entered 03/24/16 17:19:35 Page 76 of 76 Case number (if known) Document. Tarita Debtor 1 Middle Name First Name Last Name Column A Column B **Debtor 1** Debtor 2 or non-filing spouse 8. Unemployment compensation \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 1 For you \$0.00 For your spouse \$0.00 9.Pension or retirement income. Do not include any amount received that was a \$0.00 benefit under the Social Security Act. 10.Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. +\$0.00 Total amounts from separate pages, if any. \$1,870.67 \$1,870.67 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. **Total current** monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11. \$1,870.67 Copy line 11 here → X 12 Multiply by 12 (the number of months in a year). 12b. The result is your annual income for this part of the form. \$22,448.04 13 Calculate the median family income that applies to you. Follow these steps: Illinois Fill in the state in which you live. 1 Fill in the number of people in your household. Fill in the median family income for your state and size of household. 13. \$49,682.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. 🗸 Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

/s/ Tarita Owens Signature of Debtor 1

Signature of Debtor 2

Date 3/24/2016

MM/DD/YYYY

Date MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.